Reflections from an Action Researcher: Why We Do What We Do

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Margaret H. Vickers

My reflections from the field are shared in an effort to assist others. I commence by describing a social problem that was the focus of an action research project. I then articulate the paradigmatic, methodological and method choices made. I share extracts of data collected during different stages of the project to illustrate cycles of learning, reflection, and the development of actionable knowledge. What is important for researchers who are contemplating choosing action research is to understand the philosophy behind their decisions; that they think carefully about "why we do what we do" in order to fully realise the outcomes of co-learning, developing actionable knowledge and, ultimately, making change.

Key words: Action research, methodology, philosophy, disability, careers

Why we do what we do

> **Philosophy:** … a system or school of thought: *the philosophy of Descartes*; the critical study of the basic principles and concepts of a discipline: *the philosophy of law*; any system of belief, values or tenets (Wilkes 1979: 1101).

Many of the precepts of action research are not new, but neither are they well understood. I share here my thoughts about using action research from a philosophical perspective. Not that I am a philosopher, far from it. However, it would seem that if researchers wishing to use action research better under-

International Journal of Action Research 3(1+2), 168-189
ISSN 1861-1303 (print), ISSN 1861-9916 (internet), © Rainer Hampp Verlag, www.Hampp-Verlag.de

stood the thinking and philosophical perspective that underpins it as a research methodology and as a discipline, there might be far fewer failures.

I am not alone in concerning myself with the philosophical orientations of action research. Cassell and Johnson (2006) also recognised that the diversity in action research processes and outcomes might be inspired by the different philosophical stances taken by researchers. And, like me, they were concerned that these philosophical orientations usually remained tacit, unspoken and unreported in the published accounts of action research (Cassell/Johnson 2006: 783). I reflect on a small exploratory research project by considering the choices made at all stages.

I will not discuss the history of the development of action research, nor will I discuss the many and varied "types" or "styles" of action research that have emerged and continue to develop, nor will I make yet another defensive argument about the need for rigour in action research, especially when it is conducted outside the positivist paradigm. What I will do is highlight action research as a methodology, different from other methodologies, because of the thinking and ways of knowing that underpin it as a means of doing research. I will also point out the merits and deficiencies of what I did to encourage action researchers to think carefully about why they do what they do. Quality in the research process comes from awareness of and transparency about the choices available and those made at each stage of the journey (Reason/MacKernan 2006). I commence by introducing the social problem identified for exploration. From there, I will articulate the paradigmatic, methodology and method choices made before concluding with a discussion of what was achieved, as a researcher and in terms of improving the human condition, as well as noting any limitations requiring attention in the future.

A social problem identified

The social problem identified here was that of the difficulties faced by working parents who care for a child with a significant, ongoing chronic illness or disability. Flawed assumptions prevail in our communities. First, it is believed that children are predominantly healthy and unburdened by issues of illness and disability traditionally associated with age and infirmity. The vast

majority still continue to believe that, should a health problem arise for a child, they will recover quickly as a result of the huge armamentarium of remedies available that have long since halted the intrusion of chronic childhood disease and disability into our modern existence (Vickers 2006). However, children with chronic disease and illness are a significant group of the population (Martin/Nisa 1996: 1). Approximately 31 per cent of children under the age of 18 years have one or more chronic illnesses (Newacheck 1994; Melnyk et al. 2001; Vickers 2005b 2005c). Examples of children's potential medical diagnoses include: cerebral palsy; muscular dystrophy; asthma; cystic fibrosis; diabetes; myelodyplasia; hydrocephalus; cleft palate; burns; cancer; or other physical disability as a result of trauma or congenital anomalies (Burke et al. 1999; Vickers/Parris/Bailey 2004; Vickers 2005b).

Another prevailing and flawed assumption is that parents – especially mothers – who have a child with a significant chronic illness or disability don't work. However, as I learned, many do, but not without great difficulty. After the difficulties associated with the diagnosis phase (Quittner et al. 1992), families have to then deal with the 'long haul' portion of the chronic phase (Rolland 1987; Burke et al. 1999). The stressors encountered by parents of children with chronic illness are usually multiple and ongoing (Melnyk et al. 2001), and vary over time, including those experienced: (a) at the time of diagnosis; (b) during developmental transitions; (c) that are related to the ongoing health care needs of their child; and, (d) that arise as their child experiences illness exacerbations and hospitalisations (Melnyk et al. 2001). Treatment regimens for children can be taxing, expensive and stressful. The impact on lives, careers, relationships and families cannot be underestimated.

Parental response to the diagnosis of their child's chronic condition commonly includes shock, disbelief, denial, and anger – the traditional grief response (Austin 1990; Canam 1993; Eakes 1995; Melnyk et al. 2001). Others have reported despair, depression, frustration and confusion (Eakes 1995; Melnyk et al. 2001), guilt, decreased self-worth, and a lack of confidence (Stevens 1994; Melnyk et al. 2001). Unfortunately, much of the caring burden still falls to women and, for them, concerns with the challenges of managing home and work responsibilities, especially when also caring for a child with chronic illness, remains relatively untouched (Vickers 2006).

An action research case study

As we know, all good research starts with the identification of a problem (Erlandson et al. 1993). The research question for this action research project was:

> What is life like for a full time worker who also cares for a child with a chronic illness?[1] (Vickers 2006: 38)

This study included two concurrent contextual dynamics: first, the need for parents of a child with chronic illness to manage substantial caring responsibilities alongside the continual demands of full time work; and, secondly, to manage full time work with the continuing backdrop of parental caring responsibilities, especially when those responsibilities were entangled with the additional demands of caring for a chronically ill child. It was the continual entanglement of full-time work with caring responsibilities that presented the dilemmas and experiences that seeped into all areas of respondents' lives: their financial standing, careers, self, and relationships with family, friends, children and partners (Vickers/Parris/Bailey 2004; Vickers 2005a, 2005b, 2005c, 2006; Vickers/Parris 2005). This was an exploratory study undertaken to uncover and generate new meanings, ideas, views and opinions about the phenomenon under review, and to develop actionable knowledge in collaboration with those who participated in an effort to ameliorate what I perceived to be a very serious and neglected social problem.

Nine women participated in the project,[2] although not all participants were able to participate at every stage. Respondents in this project were subjects (rather than objects) and, at all stages, respondents were encouraged to participate (although, because of their particular circumstances, not all were able to, all the time). Certainly, I viewed participants as equals, bowing to their

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1 For the purposes of this study the term 'chronic illness' was intended to include any long term, significant illness *or disability* (Vickers 2006).

2 For those who choose to consult Vickers (2006) for the wider picture of this case study, you will find that men were also sought for participation in the study. Unfortunately, none were able to be recruited.

vastly greater knowledge of their experiences on one hand, and choosing to retain my researcher-imbued authority over data selection, presentation and choices on the other.

The research design included three stages:

Stage 1: In-depth Interviews: *Retrospective* Perspective; Phenomenology.

Stage 2: In-depth Interviews: *Prospective* Perspective; Clarification of Data; Responses to Vignettes; Phenomenology and Naturalistic Inquiry; Actionable Knowledge and Change.

Stage 3: Culminating Group Experience (CGE): Naturalistic Inquiry; Member Checking; Actionable Knowledge and Change.

The emphasis was on generating new knowledge during a cyclical process of data gathering, reflection, and discussion to develop actionable knowledge. This was action research that was participatory, as it included the participation of respondents for knowledge generation (Young 2006). This was a project addressing a social issue where no previous study existed. There was no paradigmatic model or evidence in existence to guide me. As Pasmore and Friedlander (1982) confirm, in those circumstances, a research phase with the people who experience the problem has to precede action. I commenced the research journey by considering the choice of paradigm.

Paradigm choice

The paradigm choice made for any research influences the theoretical perspective taken to the structure, process and direction of the research (Sarantakos 1993: 33). I needed to choose a paradigm that was going to mesh comfortably with the orientations of action research, while enabling me to respond to the set research question. The interpretive paradigm was chosen for this research project because of its interpretive emphasis as well as its conception that people experience physical and social reality in different ways. Meaning systems, or patterns of conventions, are created out of social interactions. When using an interpretive paradigm, reality is considered to be socially constructed (Berger/Luckmann 1966**;** Gergen/Gergen 1984; Shotter 1989; Harris/Trezise/Winser 2002). Interpretive research takes everyday ex-

perience and ordinary life as its subject matter and asks how meaning is constructed and social interaction negotiated in social practices (Scott/Usher 1999: 25; Green 2002: 6).

The interpretive perspective and its emphasis on a subjective perspective – on Weber's *Verstehen*, the empathic understanding of human behaviour – as well as the perception of reality being internally experienced and interpreted by those living the phenomenon, allowed me to uncover and work with subjective meanings, interactions, patterns of meanings and behaviour. It also allowed for an inductive and nomothetic approach, and an adherence to the position that value neutrality is neither necessary nor possible (Sarantakos 1993). Having determined the paradigmatic perspective for the project, I turned to choose the methodological orientation – the overarching philosophy that would guide the action research methods, process and design.

Action research as methodology

Methodology is a systematic set of principles guiding the investigation and the ways in which theory finds its application. It is an articulated, theoretically informed, approach to the production of data (DeLaine 1997: 44). The question is not whether one methodology is better than another, nor is it about the respective merits or deficiencies of each. It is, rather, about selecting a methodology that is most suitable for the project (Sarantakos 1993: 106; Vickers 2001: 30).

Action research is a research methodology that links research to practice to generate information that can be used in a meaningful way. It starts with the identification of a problem or issue, and triggers iterative cycles of planning, action and evaluation (Di Virgilio 2004: 82). The philosophy underpinning action research always includes three elements: research, participation and action (Greenwood/Levin 1998: 6-8; Couch 2004). Action researchers are intent on generating new knowledge through research and the research should be developed and carried out with the participation of the members of the community or group being studied (see Couch 2004). Action research is also characteristically about worthwhile practical purposes, democracy and

participation, many ways of knowing, and emergent developmental responses (Reason/MacKernan 2006).

Greenwood and Levin's (1998) core characteristics were central to my way of thinking about doing action research, and had already influenced my choice of paradigm. They argued that: Action research is contextual and addresses real life problems; action research requires collaboration to generate knowledge; action research treats diversity of experience as an opportunity for enrichment of the research-action process; the meanings constructed and the knowledge generated lead to social action; and, the credibility of action research is judged based on whether the action outcomes solve problems and increase participants' control over their situation (Greenwood/Levin 1998: 75-76; Di Virgilio 2004: 83). Action research is joint enquiry into a situation in which researchers and subjects both share a stake in learning in an effort to improve the situation for themselves and others (Janoff/Weisbord 2006: 716). Action research can be a family of approaches to inquiry (Di Virgilio 2004: 83) that should always be participative, grounded in experience, and action-oriented.

Action research is also a methodological approach that attends to issues of voice, inclusion, and interdisciplinary collaboration. I wanted participants to think about, articulate, and reflect upon the issues of import in their lives so that the usual ways of doing could be challenged and the usual practices reconfigured through a process of reflection, learning and dissemination. This would enable both me and respondents to consider the inequities, injustices and deprivations that were prevalent in their lives, and to engage with them in an authentic, relevant and meaningful way (Young 2006). Action research as a methodology – a philosophy – was guiding my choice of methods.

Action research and multiple methods

Method is simply a means of yielding data (DeLaine 1997: 44); it is the "nuts and bolts" of doing the research. Action research is often conducted with multiple methods being employed. Indeed, Hart and Bond (1995) and, later, Sparrow (1997; both cited in Smith et al. 2000: 565) propose action research as a hybrid that generates a variety of approaches. Action research also re-

quires the mobilisation of expertise from any and all of the academic, practitioner or research locations that are relevant. To this end, any research methods may be relevant but only if they have something specific to contribute (Greenwood 2002: 127). Below, I discuss the method choices made, providing data extracts from each stage to demonstrate how they worked.

Stage 1: In-depth Interviews: *Retrospective* Perspective; Phenomenology.

The first stage of this project concentrated on the past experiences of participants, while the latter stages moved toward opportunities for human development and social change (Emery/Thorsrud 1975: 1; Vickers 2006). Even though there had been considerable research about the experience of people caring for children with chronic illness and disability (eg Rolland 1987; Austin 1990; Simon/Smith 1992; Canam 1993; Stevens 1994; Eakes 1995; Martin/Nisa 1996: 3; Burke et al. 1999; Melnyk et al. 2001), there was a paucity of research about those who also worked full time while undertaking their caring responsibilities (Vickers 2006).

I was interested in, initially, understanding the lived experience of the women in this study and was seeking to commence the project by learning about and reporting their experiences, through their eyes, and understanding the meaning it held for them (Vickers 2005c, 2006). The early stages of the project were crucial to allow me to gain knowledge about their predicament. I was seeking to generate actionable knowledge through cycles of discussion and reflection, with a plan to later act upon that knowledge.

Knowing that action research is problem driven, when conducting the first round of interviews with respondents, I was intent on learning about the problem. I also sought to retain the fundamental essence of the phenomenological purpose in the interviews conducted during this first Stage. This centred upon the need to capture the subjectively experienced life of the informants as interpreted by them (Taylor 1993: 174), describing the respondents' lived experience (Oiler 1982: 178) and the meaning it held for them (Drew 1989: 431; Vickers 2001a: 33) – capturing the richness of individual experience (Baker/Wuest/Stern 1992: 1358; Vickers 2001a: 33).

Interviews encouraging discussion, sharing of experiences, and *retrospective* reflections were conducted. Respondents were asked to look back at their

lives in terms of the phenomenon under review: What happened? How did you feel? What did you do? Why did you take that action? Of primary concern was learning respondents' concerns and the meaning it held for them, as they reflected on what had gone before (Vickers 2005c, 2006). Respondents were asked a series of open ended questions that were intended specifically to explore complex, often very personal matters (Alvesson 2003: 19). The focus areas for interviews shifted as the interviews and project progressed (Vickers 2006). I share an excerpt from the Stage 1 interview with Evalyn that demonstrates the retrospective nature of the interview and its phenomenological purpose used to try to understand Evalyn's experiences:

> **MV:** … Let me start off by asking about your child. What is their name and how old?
>
> **Evalyn:** Kevin. It's spelt K-E-V-I-N. And, he's nine years old. He was born on January 25 1994.
>
> **MV:** Right. And what is Kevin's disability?
>
> **Evalyn:** OK. He has quite severe epilepsy and he suffered a bit of brain damage because of his epilepsy, when he was 18 months old, or thereabouts. And that made quite a drastic change to what he can do. He, he has got, um I think they've defined it as "Global Delay", so he can't, he doesn't talk, he –, he's quite slow, intellectually quite slow and he's been classified in terms of schooling as a „High support needs" child …
>
> **MV:** And what happened? Did he have a particularly long seizure, or, what happened?
>
> **Evalyn:** Yes. I think there was something, the way the, his neurologist described it as, some children they have something wrong, like in their brain, when they are born … because at 4 months, that was when he had his first seizure. So they just rapidly, they, they sort of increased. By the time he was one to one and a half, they became *really* bad, and he was having, you know, over twenty fits a week. Yes. And sometimes he would actually, some *day*s he would have ten fits in the one day. So they'd be really bad days.
>
> **MV:** And how old was he when this was happening? A year-?
>
> **Evalyn:** A year, just over a year old. And it got to the stage, I think it was about after fourteen months, yes, it got to the stage where he went into

> "status" which is a, a, like a, like one long seizure and you're sort of half out of it. And that's when we think there was quite a bit of brain damage happening.
>
> **MV:** How long did that last?
>
> **Evalyn:** That "status" lasted for –, I think half a day. Yes.
>
> **MV:** … What were you doing at this time?
>
> **Evalyn:** I was financial controller at the [name of] Bank … (Evalyn, Interview 1).

During just the first few moments of this first interview, I had learned much of the magnitude of Evalyn's situation as she reflected upon it restrospectively. I also learned a great deal of her phenomenological experience: At the time her son became very ill she had been working full time in a very responsible job. Her son had then started having seizures and these had escalated to a point where he was having up to twenty seizures a week and as many as ten in a day. I also learned that her son had been permanently, intellectually disabled by his serious epilepsy. There was much to explore in the next interview, and to clarify from the first.

Stage 2: In-depth Interviews: *Prospective* Perspective; Clarification of Data; Response to Vignettes; Phenomenology and Naturalistic Inquiry; Actionable Knowledge and Change.

Stage 2 interviews also relied partly on a phenomenological perspective but the shift was made here towards the tenets of naturalistic inquiry, which included the need to gather data from multiple sources for triangulation (Lincoln/Guba 1985; Erlandson et al. 1993: 31; Harris/Trezise/Winser 2002: 11). The aim was to collect information about different events and relationships from different points of view (Erlandson et al. 1993: 31). Naturalistic inquiry recognises the need for a window of meaning on lives where multiple realities can be revealed through thick description (Green 2002: 14).

The extract below from the second interview with Evalyn illustrates, firstly, the shift to the *prospective* perspective as well as my seeking clarification of some data collected during the Stage 1 interview. I asked respondents in the Stage 2 interviews what they *would* do in the future, if they had their

time over; what might they do differently, if anything. This caused them to reflect upon their life experiences, to learn from that experience, and to reflect upon their learning. I asked Evalyn about her son Kevin having all those seizures when she was still working full time:

> **MV:** Okay. I'm referring to the transcript [of interview 1] and looking back at the period you were telling me when Kevin had all those seizures. He was having 10 a day and was really sick. And I'm going to have a look on page 3 of the transcript; you said 'I really wanted to stop working. I just felt I couldn't cope because he was so sick …'
>
> **Evalyn**: Yes.
>
> **MV:** Right, and Kevin was having a lot of these seizures and I said, 'Oh, so you'd get a call at the office?' And you said, 'Yes, after the 5th call you'd sort of think, "Oh, why am I here? I should be at home today because he's so obviously having a terrible day".' If you had your time over, do you think you would have liked to stop working earlier?
>
> **Evalyn:** Yes, definitely. But, you know, it's such a black and white question. What comes first, your family or your job? And obviously you say your family comes first, because when you die you're not going to regret the time that you spent, you know, at the office; you're going to regret the time you didn't spend with your children or your family. But, at the time, it wasn't black and white. It was like many different shades of grey ... (Evalyn, Interview 2).

Evalyn had been thinking about the discussions during the Stage 1 interview. For example, her return to thoughts about putting her family first and the conflicting demands of home and work responsibilities demonstrate her reflections on what she had done as well as her learning from that. Evalyn indicated that she would have stopped work earlier if she had her time over – a huge admission. Interviews can be an important means of eliciting information from practitioners or people sharing information. They can also demonstrate learning, and reflections on that learning. It is the generation of knowledge in the action research process that should be assigned major importance when thinking of action research as a methodology (Gustavsen 1993). Evalyn's reflections on her own learning will, no doubt, influence her behaviour in the future. For example, if Kevin's health ever deteriorated and the number

of seizures increased dramatically, I believe that Evalyn would respond differently as a result of her learning.

In the next extract from the Stage 2 interview, we see further evidence of learning and actionable knowledge. I asked her about her responses to some constructed "fictional" vignettes that I had written. The vignettes were "fictional" in as far as they were not a real person's lived experience, but had all been constructed by using what I had learned from Stage 1 interviews about the events and circumstances that had arisen in these women's lives. They had been developed, for the most part, directly from Stage 1 interview data. Fourteen vignettes were developed in total, with several of these being presented to respondents for discussion during Stage 2 interviews. I was interested to learn from Evalyn if she thought these were reasonably accurate portrayals of what went on in her life, and the lives of people in her situation:

> **MV:** … I'd like to ask you now about these vignettes. First of all, what did you think overall?
>
> **Evalyn**: I thought they were very realistic. I thought these things will certainly happen and are certainly issues for people who have disability in their family, and I could very easily picture myself in any of these vignettes.
>
> **MV:** Well, as I think I said in the email to a couple of people anyway, they were constructed from bits and pieces of stories that I've been listening to – which was fairly awful really – because these things *are* happening to people … (Evalyn, Interview 2).

The fact that these vignettes were perceived by respondents as accurate portrayals of what went on in their lives was evidence to me of the "field talking back" (Fricke 2006). I asked Evalyn to respond to Vignette Number 2. She had had the opportunity to read this prior to the interview:

Vignette 2. Cruelty, thoughtlessness, managerialism

You are at work, in a meeting with one of your senior managers. You receive a phone call, telling you that your child has been sent home from school/child care, with a very high temperature. You have previously told this manager of the health problems your child experiences, as you have had to leave work in a hurry previously. You tell your manager what has happened, anticipating a

supportive comment and an invitation to leave immediately to see your child. Instead, he proceeds to give you a lengthy lecture about the importance of leaving your "home" problems at home. He then asks you: How often is "this sort of thing" likely to keep happening?

What do you say? How would that influence your feelings about working there in the future? For example, would you (could you) leave? Would you complain about his behaviour to anyone at work? (Vickers 2006: 195).

Evalyn had this to say in response to the vignette:

> **Evalyn:** Well, obviously I'm older now, but when I was younger, I'd be probably a bit concerned about this manager. But *now,* if this happened to me now, I'd tell the manager to get stuffed! [Laughter (joined by MV)] Because, you know, what am I supposed to do? Just sort of abandon my child? He's got a high temperature; what can I do? There's nothing I can do in this situation. I mean, if he has a problem with my work, well, that's a different thing. But this is not a problem about my work. This is a problem with my child – and there's nothing that I can do about it. I certainly didn't plan it and if he was in the same position as me, he would have done *exactly* the same thing … It's not every day my son is sent home with a high temperature. But when he is, that's it! I have to go. Would I complain about his behaviour? Yes, I'd be telling everybody! This guy's an idiot [laughter]. He doesn't understand. Where's his compassion? …
>
> **MV:** … Would you leave?
>
> **Evalyn:** Would I leave? No, not from that. I'd stick around just to *spite* the man [laughter] … Yes, I wouldn't necessarily leave. Especially if I had the support of my co-workers, I wouldn't leave. No (Evalyn, Interview 2).

When doing action research, it is vital to have an understanding between researcher and researched that knowledge is being shared, rather than knowledge of experience being given to some kind of "expert" for analysis. This is the co-creation of actionable knowledge. The experts here were those who had lived the phenomenon under investigation. I also endeavoured to apply the democratic practices that underlie collaboration, where possible, by encouraging respondents to share in and participate in all stages of the project (see Couch 2004). Evalyn's comments demonstrate that learning was taking

place, not just by the researcher, but by the participant, and it was taking place, not only during interviews, but in the thinking space between them.

Stage 3: Culminating Group Experience (CGE): Naturalistic Inquiry; Member Checking; Actionable Knowledge and Change.

In this section, precepts from Naturalistic Inquiry remained as part of the action research journey and member checking was a major focus. I sought to check the credibility of my initial interpretations with respondents by presenting those interpretations to them. The Culminating Group Experience (CGE) was planned to check the trustworthiness of my initial findings, and provided further evidence of learning and change as a result of the research process, specifically at the local level, with respondents (Vickers 2006). A period of two months was deliberately interspersed after the conclusion of Stage 2 interviews to give me time to consider early themes and issues of concern to present to respondents (Vickers 2006), as well as giving respondents time to reflect upon their lives further before returning for Stage 3.

During this session there was further evidence of researcher and respondents learning from one another as I presented the provisional and emerging themes with the aim of generating discussion, learning the accuracy or otherwise of my early interpretations. I also learned about respondents' experience of participating in the research. The passage that follows shows Evalyn commenting on one of my findings; that the women who are parenting a child with a chronic illness were usually regarded by others as the primary caregiver; for example, that it was always the mother who the school called if the child was sick. I had initially labelled this phenomenon as women "doing it all." Evalyn's comments were of particular interest because she had described a very supportive partner relationship with her husband and yet she still confirmed my findings:

> **Evalyn:** Yes. I totally agree with your finding at the end that mothers do tend to have the primary care giving role and the father is seen as a supplement, almost like a supplementary kind of caregiver. And I was really surprised at how many negative cases you found where the father was almost detrimental to the caregiving process, and wasn't really supportive or anything. I guess I was very lucky in that respect, because my husband has

> been very supportive and caring. And I know a family where it *has* split them up. So I guess I'm lucky in that respect. (Evalyn, Culminating Group Experience).

Evalyn confirmed that her situation was, fortunately, very different than that found by many; I had reported that problems often arose in relationships as a result of the strains that raising a child with a chronic illness or disability can create. Yet, while stating her position as being different, she acknowledged knowing of other cases where what I had reported was the case. Further learning and actionable knowledge was evident as she reflected on her good fortune at having such a supportive partner.

Evalyn also demonstrated new knowledge when sharing her personal experience of participating in the research. She speaks below of her realisation of not being alone in her experience; of knowing there are others having many of the same problems she was experiencing. Her remark that learning this was "wonderful" demonstrates a degree of comfort gained from her new knowledge that I had not anticipated:

> **Evalyn:** We talked about how some people have it worse ... Yes. And it makes you realise that you're not alone, which is really important. Because I guess, amongst your family and friends, you are a minority. And so you don't get to see and hear of other people who have the same kind of experiences. So it's really wonderful to get that (Evalyn, Culminating Group Experience).

In the concluding stages of the Culminating Group Experience, I failed to sufficiently explore the action outcomes and specific changes that should take place for respondents in the future. I also failed to specifically encourage discussion about changes in their behaviour that had taken place as a result of their participation in this research. Action research is a form of research that generates knowledge claims for the express purpose of taking action to promote social change and social analysis. It also aims to increase the ability of the people involved to control their own destinies more effectively, and to improve their lives (Greenwood/Levin 1998: 6; Couch 2004). While some respondents had indicated that changes in their behaviour had taken place as a result of the research process (eg Dolly had specifically stated making contact with more carers; Sandra had intentionally changed her responses to demands

on her time), I had not specifically engaged the group to consider how to solve problems they faced, and how they (or others) might develop practical solutions for the future. Palshaugen (2001) describes a Dialogue Conference which succeeded in creating knowledge through discussions that served to create a kind of diagnosis of the situations or events under consideration (Palshaugen 2001: 214) – as I had. However, Palshaugen's Dialogue Conference also succeeded in deliberately devoting time to the discussion of *how to solve problems* uncovered, as well as making decisions about *what was to be done in response* to the actionable knowledge, who should do it, and when it should be done (Palshaugen 2001: 213; my emphasis). This created a (more) sustainable bridge between theory and practice (215) – something undoubtedly requiring further consideration for this project in the future.

Conclusion: Action Research to improve the human condition

Social scientists carry a special burden of responsibility; that is to go beyond the disinterested pursuit of knowledge and to aim for the enrichment of the social sciences and the practical affairs of people (Emery 1977: 206). I was seeking ways in which examining and changing the conditions for participants could assist in making their future. The project reported here focused on the lives of people who worked full time while also caring for a child with a chronic illness. Greenwood (2002: 127) confirms that action researchers delve into life 'messes': complex, dynamic and difficult problems. The lives that I delved into in this project could certainly have been described this way.

Action research is about continuous improvement and tends towards being a more continuous process; a cycling in and out of the field, in a cycle of act-theorise-reflect, where within each cycle, action and theory are integrated (Dick 2003: 257). Mindfulness and continuous improvement are the centrepieces of the process, with actionable knowledge and practical outcomes being desirable outcomes. One of the important characteristics of research stories is that they have no real ending (Gustavsen 2004: 174). In this exploratory project, actionable knowledge has been generated. However, the final (and essential) outcome of action and change that is sought in any action re-

search journey is yet to be completed in a project always intended to be the start of a much larger one.

Gustavsen (2004: 148) argues that making knowledge actionable is the transforming of knowledge that may be difficult, abstract or complex into knowledge that is practical, efficient and smart. In short, it is taking the knowledge of those who are "out there" in the empirical world doing what it is that they do, and making it available to them and to others, so that it is accessible, and in a useful way. The process of co-creating knowledge took place during all three phases of the methodological journey discussed above. However, to complete the loop, the theory generated must also give some indication as to the best and most preferable way to move forward (Gustavsen 2001: 24).

In this exploratory project, a great deal of actionable knowledge was uncovered about the problem at hand. As a researcher I learned that the women in this study faced a number of problems: Feeling disconnected from colleagues, family and friends; feeling that they were having to "do it all" in terms of responsibilities to their child; ongoing and recurring grief as well as multiple sources of grief; exposure to cruelty and indifference from strangers, colleagues, family, friends and support professionals; and, "Clayton's Support" – the support they got when they weren't getting support at all (Vickers 2006). All these themes became evident as the co-creation of knowledge between researcher and participant unfolded. While I also wrote of theoretical solutions to the problems presented (see Vickers 2006), the crucial phase of teasing out with participants what to do – in practice – in response to what had been learned was not sufficiently well emphasised – a recognised limitation of this initial exploratory work.

However, from a researcher's perspective, I can claim that practical action in response to the actionable knowledge emergent from this project has unfolded in a number of useful ways. First, there were published outcomes intended to disseminate the findings. The publication of journal articles and a research book have assisted in drawing attention to this problem in the community of scholars in an effort to generate further research. Research disseminations have also had a practical impact. Media releases and radio interviews were undertaken to connect with the wider community informing them

of the problem; that those out there with the same or similar experience were not alone. All of these also served to alert health care and human resource professionals of the status quo in an effort to garner more understanding and support.

Further, I would highlight that much of the research design worked extremely well. The co-creation of knowledge, as a democratic process between researcher and participant, was positive and effective during both the interview phases and the culminating group experience. The emphasis on retrospective and prospective perspectives succeeded in eliciting valuable (and different) information about the problem at hand and the constructed vignettes served to check my understanding, as well as reflect back to participants' their potential circumstances, and issues of concern to us all. Finally, I learned that the doing action research does not preclude other methodological approaches (eg phenomenology or naturalistic inquiry) that may assist in eliciting different and multiple kinds of data, and can be most useful in diagnosing the situation at hand and developing actionable knowledge.

As a researcher, I have also succeeded in winning a large peer-reviewed grant for a national study in Australia which is currently underway. This is not just to uncover more knowledge. A stated objective of this larger study is to present our qualitative and quantitative findings to policy makers, unions, human resource professionals and health care professionals in an effort to open up this debate and bring about practical changes in policy, organisational processes, as well as with families and communities in response to the social problem highlighted. A further application for research funding has also been commenced to address the concerns of the full time working parents of children with chronic illness that *live in country regions of Australia*, who have less access to support and services than their city-dwelling counterparts. This third stage project is intended to build the gap from theory to practice more proactively still, with the research team and participants planned to work directly with regional and rural communities to generate programs of community based support.

What sets action research apart from other examples of methodologies that drift towards the everyday, is not that it considers practice, nor writes about practice, but that it enters into practice (Gustavsen 2004). Action re-

search is not just about uncovering new meanings or perspectives or understandings; it is that it takes those new understandings and translates them into actionable outcomes. For Gustavsen (2004: 149), this implies undertaking a set of social obligations. I share his view hoping that this small project has contributed to what action research ultimately seeks to do – to improve the human condition.

References

Alvesson, M. (2003): Beyond Neopositivists, Romantics and Localists: A Reflective Approach to Interviews in Organizational Research. In: Academy of Management Review, 28(1): 13-33.

Austin, J. (1990): Assessment of Coping Mechanisms used by Parents and Children with Chronic Illness. In: Maternal Child Nursing, 15: 98-102.

Baker, C./Wuest, J./Stern, P. N. (1992): Method Slurring: The Grounded Theory/Phenomenology Example. In: Journal of Advanced Nursing, 17(11): 1355-1360.

Berger, P. L./Luckmann, T. (1966): The Social Construction of Reality: A Treatise in the Sociology of Knowledge. Allen Lane, London.

Burke, S. O., Kauffman, E., Harrison, M./Wiskin, N. (1999): Assessment of Stressors in Families with a Child who has a Chronic Condition. In: The American Journal of Maternal/Child Nursing, 24(2): 98-106.

Canam, C. (1993): Common Adaptive Tasks Facing Parents of Children with Chronic Conditions. In: Journal of Advanced Nursing, 18: 46-53.

Cassell, C./Johnson, P. (2006): Action Research: Explaining the Diversity. In: Human Relations, 59: 783-814.

Couch, S. R. (2004): A Tale of Three Discourses: Doing Action Research in a Research Methods Class. In: Social Problems, 51**,** 146-153.

De Laine, M. (1997): Ethography: Theory and Applications in Health Research. MacLennan & Petty, Sydney.

Di Virgilio, M. (2004): Transforming Work Groups Through Action Research: A Case Study. In: Organization Development Journal, 22: 82-95.

Dick, B. (2003): Rehabilitating Action Research. In: Concepts and Transformation, 8(3): 255-263.

Drew, N. (1989): The Interviewer's Experience as Data in Phenomenological Research. In: Western Journal of Nursing Research, 11(4): 431-439.

Eakes, G. (1995): Chronic Sorrow: The Lived Experience of Parents of Chronically Mentally Ill Children. In: Archives of Psychiatric Nursing, 9: 77-84.

Emery, F. (1977): Futures We Are In. Martinus Nijhoff Social Sciences Division, Leiden, Netherlands.

Emery, F./Thorsrud, E. (1975): Democracy at Work: The Report of the Norwegian Industrial Democracy Program. Centre for Continuing Education, Australian National University, Canberra, ACT, Australia.

Erlandson, D. A./Harris, E. L./Skipper, B. L./Allen, S. D. (1993): Doing Naturalistic Inquiry. Sage Publications, Newbury Park, London, New Delhi.

Fricke, W. (2006): General Reflections on how to Practice and Train for Action Research. In: International Journal of Action Research, 2(3): 271-282.

Gergen, M. M./Gergen, K. J. (1984): The Social Construction of Narrative Accounts. In: Gergen, K. J./Gergen, M. M. (Eds.): Historical Social Psychology. Lawrence Erlbaum Associates, Publishers, Hillsdale, New Jersey: 173-189.

Green, P. (2002): Naturalistic Inquiry: A Method for Transforming Curiosity into Active Inquiry. In: Green, P. (Ed.): Slices of Life: Qualitative Research Snapshots. Melbourne, Victoria, Australia, RMIT University Press: 3-17.

Greenwood, D. J. (2002): Action Research: Unfulfilled Promises and Unmet Challenges. In: Concepts and Transformation, 17(2): 117-139.

Greenwood, D./Levin, M. (1998): Introduction to Action Research: Social Research for Social Change. Thousand Oaks, Sage.

Gustavsen, B. (1993): Action Research and the Generation of Knowledge. In: Human Relations, 46: 1361-1366.

Gustavsen, B. (2001): Theory and Practice: The Mediating Discourse. In: Reason, P./Bradbury, H. (Eds.): Handbook of Action Research: Participative Inquiry and Practice. London, Thousand Oaks, New Delhi, Sage Publications: 17-26.

Quittner, A. L./Digirolamo, A. M./Michel, M./Eigen, H. (1992) Parental response to cystic fibrosis: A contextual analysis of the diagnosis phase. In: Journal of Pediatric Psychology, 17**,** 683-704.

Harris, P./Trezise, J./Winser, W. N. (2002): Is the Story of My Face? Intertextual Conflicts During Teacher-Class Interactions Around Texts in Early Grade Classrooms. In: Research in the Teaching of English, 37(1): 9-55.

Hart, E./Bond, M. (1995): Action Research for Health and Social Care. Buckingham, University Press.

Interview Transcripts:
Evalyn, Interview 1, Friday, 2 May 2003.
Evalyn, Interview 2, Tuesday, 12 August 2003.
Evalyn, Culminating Group Experience (CGE), Thursday, 20 November 2003.

Janoff, S./Weisbord, M. (2006): Future Search as "Real-Time" Action Research. In: Futures, 38: 716-722.

Lincoln, Y. S./Guba, E.G. (1985): Naturalistic Inquiry. Sage Publications, Newbury Park, London and New Delhi.

Martin, C./Nisa, M. (1996): Meeting the Needs of Children and Families in Chronic Illness and Disease: The Context of General Practice. Paper presented at the 5th Annual Conference of the Australian Institute of Family Studies, AIFS Conference 1996, Melbourne, Victoria, Australia.

Melnyk, B. M./Feinstein, N. F./Modenhouer, Z./Small, L. (2001): Coping in Parents of Children Who are Chronically Ill: Strategies for Assessment and Intervention. In: Pediatric Nursing, 27: 548-558.

Newacheck, P. W. (1994): Poverty and Childhood Chronic Illness. In: Archives of Pediatric Adolescent Medicine, 148: 1143-1149.

Oiler, C. (1982): The Phenomenological Approach in Nursing Research. In: Nursing Research, 31(3): 178-181.

Palshaugen, O. (2001): The Use of Words: Improving Enterprises by Improving their Conversations. In: Reason, P./Bradbury, H. (Eds.): Handbook of Action Research: Participative Inquiry and Practice. London, Thousand Oaks, New Delhi, Sage Publications: 209-218.

Pasmore, W./Friedlander, F. (1982): An Action Research Program for Increasing Employee Involvement in Problem Solving. In: Administrative Sciences Quarterly, 27**:** 343-362.

Quittner, A. L./Digirolamo, A. M./Michel, M./Eigen, H. (1992): Parental Response to Cystic Fibrosis: A Contextual Analysis of the Diagnosis Phase. In: Journal of Pediatric Psychology, 17: 683-704.

Reason, P./MacKernan, J. A. (2006): Choice and Quality in Action Research Practice/ Choice and Quality in Action Research: A Response to Peter Reason/A Response to J.A. MacKernan. In: Journal of Management Inquiry, 15: 187-199.

Rolland, J. S. (1987): Chronic Illness and the Family: An Overview. In: Wright, W. M./ Leahey, M. (Eds.): Families and Chronic Illness. Springhouse, Springhouse, PA: 33-54.

Sarantakos, S. (1993): Social Research. MacMillan Education Australia Pty Ltd, South Melbourne.

Scott, D. / Usher, R. (1999): Researching Education. Sage, Newbury Park, California.

Shotter, J. (1989): Social Accountability and the Social Construction of "You". In: Shotter, J./Gergen, K. (Eds.): Texts of Identity. Sage Publications, London: 133-151.

Simon, N. B./Smith, A. (1992):Living with Chronic Pediatric Liver Disease: The Parents' Experience. In: Pediatric Nursing, 18: 453-489.

Smith, P./Masterson, A./Boddy, G./Costello, S./Marvell, G./Redding, M./Wallis, B. (2000): Action Research: A Suitable Method for Promoting Change in Nurse Education. In: Nurse Education Today, 20: 563-570.

Sparrow, S. (1997): Research in Uncertainty: Issues Relating to Power and Quality Arising Out of an Action Research Study with Nurses from a London Health Authority. PhD Thesis, Nottingham, University of Nottingham.

Stevens, M. (1994): Parents Coping with Infants Requiring Home Cardiorespiratory Monitoring. In: Journal of Pediatric Nursing, 9: 2-12.

Taylor, B. (1993): Phenomenology: One Way to Understand Nursing Practice. In: International Journal of Nursing Studies, 30 (2): 171-179.

Vickers, M. H. (2001): Work and Unseen Chronic Illness: Silent Voices. Routledge, London.

Vickers, M. H. (2005a): Working and Caring for Children with Chronic Illness: Stories of Disconnection, Cruelty, and "Clayton's Support". In: The Review of Disability Studies: An International Journal, 1(4): 37-49.

Vickers, M. H. (2005b): Bounded Grief at Work: Working and Caring for Children with Chronic Illness. In: Illness, Crisis and Loss, 13(3): 201-218.

Vickers, M. H. (2005c): Action Research to Improve the Human Condition: An "Insider-Outsider", an Emergent Research Design, an Actionable Knowledge Outcome. In: The International Journal of Action Research, 1(2): 190-218.

Vickers, M. H. (2006): Working and Caring for a Child with Chronic Illness: Disconnected and Doing it All. Palgrave MacMillan, London.

Vickers, M. H./Parris, M. A. (2005): Towards Ending the Silence: Working Women as Carers of Children with Chronic Illness/Disability. In: Employee Responsibilities and Rights Journal, 17(2): 91-108.

Vickers, M. H./Parris, M./Bailey, J. (2004): Working Mothers of Children with Chronic Illness: Narratives of Working and Caring. In: Australian Journal of Early Childhood, Special Issue "Chronic Illness", 29(1): 39-44.

Wilkes, G. A. (Ed.) (1979): Collins Dictionary of the English Language. Collins Publishers Pty Ltd, Sydney.

Young, L. (2006): Editorial: Participatory Action Research (PAR): A Research Strategy for Nursing? In: Western Journal of Nursing Research, 28: 499-504.

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